

# FISHING FOR ALL



## AUGUST 14-16, 2020

Spring is the season to pull out the boats and dust off the fishing rods! Our goal is to open up the great outdoors for people through the world of fishing! We welcome anyone with any type of disability. We want everyone to enjoy just being outside, the excitement of catching a fish, and being able to enjoy the fresh air and sunshine.

The cost for the weekend is \$75, if you bring your own PCA, there is an additional charge of \$35 and the PCA will need to register separately for this retreat.

This fee includes: lodging, all meals, beverages, fishing and supplies.

What to bring: clothing, medications, towels, personal water bottle and anything else you will need for the weekend. You must have your fishing license to fish.

If you are currently a consumer of Independent Lifestyles, transportation to and from Camp Bliss is offered from our Sauk Rapids location for an **additional cost of \$15**. Otherwise you are responsible for your own transportation.

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**To Register:** Fill out the registration on the back and return it with your payment to Independent Lifestyles (Attn: Anne R.) 215 N. Benton Dr., Sauk Rapids, MN 56379 or email it to [anner@independentlifestyles.org](mailto:anner@independentlifestyles.org) or call 320-281-2023.

**\*We need to receive your registration two weeks prior to Retreat date\***

Check in - Friday, 4:00 pm & Check out - Sunday, 10:00 am

**(10 People Maximum, includes PCAs)**



For more information:

[www.campbliss.org](http://www.campbliss.org)



The cost to send 1 person to Camp Bliss for a weekend retreat is \$600, which includes lodging and all meals. Because of donations and sales from our 2019 Guns & Goods Raffle, we are able to supplement \$525 per Veteran or Person with Disabilities.

# REGISTRATION

## Fishing for All with Disabilities August 14-16, 2020

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Room Type Preference: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Do you have a Guardian:  Yes  No

If yes, name and contact: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Sleeping: (Please check all that apply)

- Protective undergarments used (personal undergarments are to be provided by guest)
- Bed pad required
- Incontinence (bladder voids)
- Is an outlet required near the bed (CPAP or oxygen tank)

### Sleeping arrangement:

- Spouse or partner will be attending, queen bed required
- PCA required to be in same room, separate single beds needed for 2 people
- Do you require an accessible room?

### Mobility supported:

- Manual wheel chair  Walker  Cane  Crutches  Leg supports  Power chair/Scooter

### Allergies:

- Food  Environmental  Medications  Other/Identify:

### Medications:

Do you require assistance of any kind with medication and/or administering of medicine?

- Yes  No

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\*We need to receive your registration **two weeks prior** to Retreat date.

**\*If you receive PCA services, you are required to have one with you at all times during your stay at Camp Bliss. (10 People Maximum, includes PCA)**

*Once registration is received you will get a confirmation letter with more details.*

Please mark below how you are paying. All payments must be made out to Camp Bliss. Cash:  Check:   
Credit Card:  Money Order:  Misc.: